Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

ALLEN/MARR INTERNAL OVERSIGHT REVIEW

CLIENT NAME	AGE	REGION	DATE OF REVIEW

RESIDENTIAL PROGRAM	RSN/MH AGENCY	VOCATIONAL PROVIDER

REVIEWER'S NAME	TITLE

CROSS SYSTEM CRISIS PLAN	DATE INITIATED	LAST UPDATE

Is a CSCP Required? ☐ Yes ☐ No

If "No", why?

COMPONENTS PRESENT

YES	NO	INCOMPLETE	N/A	
☐	☐	☐	☐	Key support systems represented and current
☐	☐	☐	☐	Demographic information complete, including all diagnoses
☐	☐	☐	☐	At risk issues
☐	☐	☐	☐	Strengths/skills/interests
☐	☐	☐	☐	Sleep patterns
☐	☐	☐	☐	Typical daily activities
☐	☐	☐	☐	Capacity to handle stress/changes
☐	☐	☐	☐	Likes and dislikes
☐	☐	☐	☐	Interventions that work
☐	☐	☐	☐	Interventions to avoid
☐	☐	☐	☐	Hierarchy of behaviors/interventions, incorporation of known medical symptoms that may contribute to client's difficulty (antecedents, target behavior, specific responses from prevention to intervention)
☐	☐	☐	☐	Hierarchy of behaviors/interventions: incorporation of known mental health symptoms/challenging behaviors
☐	☐	☐	☐	CSCP signature page complete
☐	☐	☐	☐	CSCP reviewed/updated following significant events

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:
REGIONAL RESPONSE/RESPONDENT:
QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

PLAN OF CARE/INDIVIDUAL SERVICE PLAN	DATE INITIATED	LAST UPDATE

Is a POC/ISP Required? ☐ Yes ☐ No

If "No", why?

COMPONENTS PRESENT

YES	NO	INCOMPLETE	N/A	
☐	☐	☐	☐	Client participation evident
☐	☐	☐	☐	Legal representative/guardian participation evident
☐	☐	☐	☐	Treatment plan reflects self-determination/choice concepts
☐	☐	☐	☐	Evidence in the client record that the POC is being implemented as written

Does the POC/ISP address the following needs and concerns?

YES	NO	INCOMPLETE	N/A	
☐	☐	☐	☐	Current leisure activities
☐	☐	☐	☐	Current employment/pathway to employment
☐	☐	☐	☐	Psychiatric
☐	☐	☐	☐	Mental health
☐	☐	☐	☐	Behavioral
☐	☐	☐	☐	Medication management
☐	☐	☐	☐	ADLs and social skills
☐	☐	☐	☐	Health and safety

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

FUNCTIONAL ASSESSMENT/POSITIVE BEHAVIOR SUPPORT PLAN	DATE INITIATED	LAST UPDATE

Is a Functional Assessment (FA) required? ☐ Yes ☐ No
If "No", why?

Is a Positive Behavior Support Plan (PBSP) required? ☐ Yes ☐ No
If "No", why?

COMPONENTS PRESENT

YES	NO	INCOMPLETE	N/A	
☐	☐	☐	☐	FA describes both challenging behavior and abilities
☐	☐	☐	☐	Psychiatric diagnoses correct/current
☐	☐	☐	☐	Includes description of motivators
☐	☐	☐	☐	Includes description of antecedents
☐	☐	☐	☐	Includes description of setting events
☐	☐	☐	☐	Includes description of target behaviors
☐	☐	☐	☐	Includes description of skills
☐	☐	☐	☐	Provides suggestions for skill building, replacement behaviors and associated rewards
☐	☐	☐	☐	Functional assessment is the basis for development of PBSP
☐	☐	☐	☐	PBSP contains clear strategies for responding to target behaviors
☐	☐	☐	☐	Data collection adequate to determine plan effectiveness
☐	☐	☐	☐	PBSP interventions are consistent with CSCP
☐	☐	☐	☐	Evidence PBSP reviewed/updated following significant events/incidents
☐	☐	☐	☐	Restrictive procedures met division policy requirements

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

RESIDENTIAL PROGRAM

DESCRIPTION OF LIVING SITUATION:

YES	NO	NA	
☐	☐	☐	Daily schedule reflects balance of structured and unstructured time
☐	☐	☐	Evidence of weekly activities in the community
☐	☐	☐	Clear strategies exist to promote habilitation and engage client in meaningful day and evening activities
☐	☐	☐	Positive relationships with housemates

If "no" explain:

_____ Number of housemates

YES	NO	NA	
☐	☐	☐	Assigned staff are trained in how to implement the current PBSP
☐	☐	☐	Assigned staff are trained in how to implement the current CSCP
☐	☐	☐	Staff have received training in dual diagnosis

RECORDS INCLUDE CURRENT:

YES	NO	NA	
☐	☐	☐	Cross Systems Crisis Plan (CSCP
☐	☐	☐	Functional Assessment (FA)
☐	☐	☐	Positive Behavior Support Plan (PBSP)

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

EMPLOYMENT/VOCATIONAL/DAY PROGRAM

DESCRIPTION:

YES NO

☐ ☐ Client employed?

Setting: _____ Hrs/day: _____ Days/wk: _____

☐ ☐ Vocational services other than employment?

Setting: _____ Hrs/day: _____ Days/wk: _____

☐ ☐ Other day program?

Setting: _____ Hrs/day: _____ Days/wk: _____

YES NO NA

☐ ☐ ☐ Is the client on a pathway to employment?
If "no" explain:

☐ ☐ ☐ Clear strategies exist to promote employment
☐ ☐ ☐ Staff have received training in dual diagnosis
☐ ☐ ☐ Staff have received training in the current CSCP
☐ ☐ ☐ Staff have received training in the current PBSP

RECORDS INCLUDE CURRENT:

YES NO NA

☐ ☐ ☐ Cross System Crisis Plan (CSCP)
☐ ☐ ☐ Functional Assessment (FA)
☐ ☐ ☐ Positive Behavior Support Plan (PBSP)?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:
QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

INCIDENT REPORTS

COMPONENTS PRESENT

YES	NO	NA	
☐	☐	☐	IRs include description of Phase 2 services used to facilitate resolution (diversion, crisis services)
☐	☐	☐	Follow-up section is complete and up to date
☐	☐	☐	DDD IRs were completed on all Central Office reportable incidents as required by DDD Policy 12.01
☐	☐	☐	Evidence that PBSP was implemented, if appropriate
☐	☐	☐	CSCP and other treatment plans (e.g., PBSP) were updated following significant incident
☐	☐	☐	During review, was information discovered that should have triggered an IR?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

OUTPATIENT MENTAL HEALTH SERVICES

YES NO

☐ ☐ RSN funded MH service

☐ ☐ Non-RSN funded MH service

BREAKOUT BY SERVICE TYPE:

(Check all that apply)	**DATE LAST SEEN**	**BY (MD, ARNP, CASE MANAGER)**
☐ Brief intervention treatment		
☐ Crisis services		
☐ Day support		
☐ Family treatment		
☐ Freestanding evaluation and treatment		
☐ Group treatment		
☐ High Intensity treatment		
☐ Individual treatment		
☐ Intake evaluation		
☐ Medication management		
☐ Medication monitoring		
☐ MH services in residential setting		
☐ Peer support		
☐ Psychological assessment		
☐ Rehabilitation case management		
☐ Special population evaluation		
☐ Stabilization services		
☐ Therapeutic psychoeducation		

AXIS 1 – 5 DIAGNOSES:

I.

II.

III.

IV.

V.

YES	NO	N/A	
☐	☐	☐	Was the client determined to meet Access to Care Standards for ongoing services? If no, why? What services were he/she referred to?
☐	☐	☐	Was the initial mental health intake assessment performed by a DD Mental Health Specialist (DD MHS? If no, did a DD-MHS review it? ☐ Yes ☐ No
☐	☐	☐	Is the current MH case manager a DD-MHS? If no, is there evidence of consultation with a DD-MHS? ☐ Yes ☐ No
☐	☐	☐	Is the diagnosis consistent with the most recent state hospital discharge diagnosis? If no, is it evident in the record that current diagnoses reflect clinical presentation? ☐ Yes ☐ No
☐	☐	☐	Does the MH record include most recent state hospital discharge documents, including discharge summary, discharge medications, CSCP?
☐	☐	☐	Were treatment team recommendations from most recent state hospital stay consistent with the current treatment recommendations? If "no" explain:
☐	☐	☐	Rule Out diagnoses are actively being addressed
☐	☐	☐	MH records reflect appropriate interventions related to diagnosis
☐	☐	☐	MH diagnoses are consistent with CSCP and PBSP

If the client is no longer receiving community mental health services:

Why were services discontinued?

Was client referred to other community service providers? ☐ Yes ☐ No

Was the DDD case manager notified of the discontinuation of MH services? ☐ Yes ☐ No

PARTICIPANTS IN MH TREATMENT PLANNING:

☐ Consumer ☐ DDD case manager
☐ Family ☐ MH case manager
☐ State Hospital liaison ☐ Other:

Psychoactive Medication

YES	NO	
☐	☐	Is the client currently on psychoactive medications? Type of provider prescribing psychoactive medications:
☐	☐	Current psychoactive medications are consistent with current diagnostic impressions
☐	☐	Presence of intraclass polypharmacy
☐	☐	Plan to taper psychoactive medications? If no, what is the rationale (including dates of previous unsuccessful attempts to taper)?
☐	☐	Evidence that the prescriber assessed for psychoactive medication side effects
☐	☐	Evidence that the prescriber evaluated for long term side effects
☐	☐	General side effect tool used (e.g., MOSES and the AIMS or DISCUS) Date last done:
☐	☐	Medication side effects assessments were done on a routine and regular basis in accordance with their guidelines

☐ ☐ If side effects or possible side effects were noted, is there a plan to address them in the client record?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

PSYCHIATRIC HOSPITALIZATION

_____ Number of community psychiatric hospital admissions in past five years

_____ Number of state hospital admissions in past five years: Civil: _____ Forensic: _____

Dates: _____ Dates: _____

YES	NO	
☐	☐	Were medications changed within 90 days of most recent state hospital discharge?
☐	☐	Were medications reviewed within 90 days of most recent state hospital discharge?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

ENHANCED CRISIS STABILIZATION SERVICES

YES	NO	NA	
☐	☐	☐	Was an emergency meeting convened when client exhibited deterioration or increased risk?
☐	☐	☐	Were Enhanced Crisis Stabilization Services activated prior to admission(s)?
☐	☐	☐	Were Enhanced Crisis Stabilization Services appropriate to the needs of the individual and/or caregiver?
☐	☐	☐	Was a referral made to diversion bed, respite bed, or other diversion services prior to hospital admission(s)?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT:

CROSS SYSTEM COLLABORATION

YES	NO	NA	
☐	☐	☐	Evidence that DDD and MH are communicating on treatment approach
☐	☐	☐	Evidence of DDD and community MH participation during hospitalization
☐	☐	☐	After the most recent state hospital discharge, were discharge summary (and HMH, if available) recommendations followed in the community? If No, is rationale in client record? ☐ Yes ☐ No
☐	☐	☐	Do the records clearly reflect collaboration among key community support agencies (e.g., DOC, law enforcement, MH, DDD, etc.)?

FINDINGS:

REQUIRED FOLLOW UP/PRIMARY REVIEWER:

REGIONAL RESPONSE/RESPONDENT:

QUALITY CONTROL & COMPLIANCE REVIEW/QCC RESPONDENT: